

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. <b>097380327</b>		FILING DATE	
						APPLICANT(S)			
						7/15/04		7/15/04	
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					51			
2	/					52			
3	/					53			
4	/					54			
5	/					55			
6	/					56			
7	/					57			
8	/					58			
9	/					59			
10	/					60			
11	/					61			
12	/					62			
13	/					63			
14	/					64			
15	/					65			
16	/					66			
17	/					67			
18	/					68			
19	/					69			
20	/					70			
21	/					71			
22	/					72			
23	/					73			
24	/					74			
25	/					75			
26	/					76			
27	/					77			
28	/					78			
29	/					79			
30	/					80			
31	/					81			
32	/					82			
33	/					83			
34	/					84			
35	/					85			
36	/					86			
37	/					87			
38	/					88			
39	/					89			
40	/					90			
41	/					91			
42	/					92			
43	/					93			
44	/					94			
45	/					95			
46	/					96			
47	/					97			
48	/					98			
49	/					99			
50	/					100			
TOTAL IND.						TOTAL IND.			
TOTAL DEP.						TOTAL DEP.			
TOTAL CLAIMS						TOTAL CLAIMS			

PTO-1256 (2-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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CLAIMS ONLY							SERIAL NO. 09/380,327	FILED DATE
CLAIMS							APPLICANT(S)	
ADDED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
101						151		
102						152		
103						153		
104						154		
105						155		
106						156		
107						157		
108						158		
109						159		
110						160		
111						161		
112						162		
113						163		
114						164		
115						165		
116						166		
117						167		
118						168		
119						169		
120						170		
121						171		
122						172		
123						173		
124						174		
125						175		
126						176		
127						177		
128						178		
129						179		
130						180		
131						181		
132						182		
133						183		
134						184		
135						185		
136						186		
137						187		
138						188		
139						189		
140						190		
141						191		
142						192		
143						193		
144						194		
145						195		
146						196		
147						197		
148						198		
149						199		
150						200		
TOTAL IND.	1	1				TOTAL IND.		
TOTAL DEP.	35	29				TOTAL DEP.		
TOTAL CLAIMS	36	30				TOTAL CLAIMS		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-2023 (1-00)

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